

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum
No. 40-146

17 February 2005

Medical Services
PLAN FOR PROVISION OF PATIENT CARE SERVICES

	PARA	PAGE
HISTORY-----	1	1
PURPOSE-----	2	1
APPLICABILITY-----	3	2
REFERENCES-----	4	2
RESPONSIBILITIES-----	5	3
GENERAL-----	6	3
SCOPE OF PRACTICE-----	7	4
SCREENING AND ASSESSMENT-----	8	5
ASSESSMENT OF POTENTIAL VICTIMS OF ABUSE-----	9	7
PLANNING CARE, TREATMENT, AND SERVICES-----	10	8
PROVIDING CARE, TREATMENT, AND SERVICES-----	11	9
CONTINUUM OF CARE AND REFERRAL-----	12	9
PATIENT AND FAMILY EDUCATION-----	13	11
APPENDIX A - DEPARTMENT OF MILITARY MEDICINE-----		A-1
APPENDIX B - DEPARTMENT OF PRIMARY CARE-----		B-1
APPENDIX C - DEPARTMENT OF PERIOPERATIVE AND ANESTHESIA SVC-----		C-1
APPENDIX D - DEPARTMENT OF SPECIALTY CARE-----		D-1
APPENDIX E - BEHAVIORAL HEALTH SERVICE-----		E-1
APPENDIX F - ANCILLARY SERVICES-----		F-1
APPENDIX G - PREVENTIVE MEDICINE, WELLNESS, AND READINESS SERVICE -----		G-1

1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE.

This memorandum provides a synopsis of how Raymond W. Bliss Army Health Center (RWBAHC) provides patient care to its population.

It defines how RWBAHC meets the rationale and elements of performance of the JCAHO standards for the provision of health care services. Specifically, it addresses how RWBAHC provides for:

2.3 Providing access to the appropriate levels of care.

2.4 Individualized initial and ongoing assessments and reassessments of patient needs.

2.5 Individualized, well-executed, well-documented plans for treatment.

2.6 Referral and transfer of patients along a continuum of care both within and outside the organization for ongoing care, treatment, and services.

2.7 Patient and family education. Assessing individual educational needs and then educating patients according to assessed needs regarding their care, treatment, and services.

2.8 Assisting patients with unusual or complex needs in a multidisciplinary fashion. Special considerations provided for patient populations with unique needs or patients who are receiving interventions or services that are problem prone.

3. APPLICABILITY. This publication is applicable to all personnel assigned, attached or employed by Raymond W. Bliss Army Health Center.

4. REFERENCES.

4.1 AR 40-3, Medical, Dental, and Veterinary Care.

4.2 AR 40-68, Clinical Quality Assurance.

4.3 Joint Commission on Accreditation of Health Care Organizations Accreditation Manual for Ambulatory Care, current edition.

4.4 MEDDAC MEMO 40-22, Medical Treatment of Minors

4.5 MEDDAC MEMO 40-24, Emergency Response Protocol, Resuscitative Equipment and Supplies

4.6 MEDDAC MEMO 40-26, Case Management Program

4.7 MEDDAC MEMO 40-39, Telephone Advice

4.8 MEDDAC MEMO 40-138, Follow-Up of Abnormal Test Results

4.9 MEDDAC MEMO 40-163, Pain Management

4.10 MEDDAC Strategic Plan.

5. RESPONSIBILITIES.

The Commander (CDR) will assess the needs of the population and ensure that the provision of care meets the objectives outlined in the MEDDAC strategic plan.

5.2 The Deputy Commander for Clinical Services (DCCS) will:

5.2.1 Ensure the organization adheres to the standards of the provision of patient care services defined in this memorandum.

5.2.2 Conduct patient care and performance improvement initiatives in a multidisciplinary fashion.

.3 The Deputy Commander for Health Services (DCHS) will:

5.3.1 Ensure quality administrative and nursing management as recommended by the Joint Commission on Accreditation of Healthcare Organizations.

5.3.2 Determine public health needs and services based upon community and beneficiary population.

5.4 Department and Service Chiefs will implement the provision of patient care standards according to their defined scope and integrate their services with the rest of the organization.

6. GENERAL.

6.1 Mission: USA MEDDAC-FT. HUACHUCA will conserve the fighting strength of the Army by responsibly applying appropriate resources to ensuring the physical and mental health and fitness of all beneficiaries and providing trained and ready medical personnel to support the Army mission.

6.2 Location: The Raymond W. Bliss Army Health Center is located on Ft. Huachuca at 2240 East Winrow Ave.

6.3 Hours of Operation: Patient care services are provided Monday/Tuesday/Wednesday/Friday from 0730 to 1630 hours, Thursday from 0730 to 1200 hours and on weekends and holidays from 1000 to 1400.

6.4 Entry to Care, Treatment, and Services:

6.4.1 The organization accepts only those patients whose identified care, treatment, and services needs it can meet.

6.4.2 Details concerning how patients gain entrance into our health care system, including criteria for determining eligibility for care, please see Eligibility Determination and Entry to Care.

6.4.3 Guidance on the legal aspects of rendering medical treatment to minor children (age 17 and under) is covered in MEDDAC Memo 40-22 Medical Treatment of Minors. MEDDAC memo 40-22 addresses eligibility for; care, informed consent, and when parental consent is required.

6.4.4 MEDDAC Memo 40-39 Telephonic Advice gives details concerning the use of the telephone to facilitate care.

6.5 Age and Complexity of Patient Care Needs: RWBACH serves a population of 27,000 Department of Defense beneficiaries in accordance with AR 40-3 Medical, Dental, and Veterinary Care. This population consists of active duty military, family members, and retired military aged newborn to geriatric. The Pediatric services classify their population into the following categories: Neonate: birth to 1 month, Infant: 1 month to 18 months, Toddler: 18 months to 3 years, Preschool: 3-5 years, School Age: 5-11 years, Adolescent: 12-18 years.

7. SCOPE OF PRACTICE:

7.1 RWBAHC is an ambulatory primary and specialty care facility with an Ambulatory Surgery Center and Behavioral Health Services that provides the following services directly:

7.2 Primary and Urgent Care: Family Practice, Pediatrics, General Medicine, Occupational Medicine, Preventive Medicine, and Flight Medicine

7.3 Ambulatory Surgical Specialty Care: General, Orthopedic, Urologic, and Gynecologic Surgery; Moderate Sedation and Anesthesia; and Ambulatory Perioperative Services

7.4 Specialty Care: Internal Medicine, Endoscopy, Physical Therapy, Optometry, Dermatology (via telemedicine link), Preventive and Occupational Medicine

7.5 Behavioral Health: Psychiatry, Clinical Psychology, and Social Work Services - with outpatient alcohol and drug rehabilitation and focused management of victims of abuse and neglect.

7.6 Ancillary Services: Pharmacy, Radiology, Laboratory, and Patient transportation,

7.7 RWBAHC provides all other services through referral.

7.7.1 Additional specialties within the military are available from William Beaumont Army Medical Center (WBAMC) in El Paso Texas.

7.7.2 In addition, a network of specialists is available via referral through TriWest, the organization's managed care support contractor. Network specialists are available in Sierra Vista, Tucson, and Phoenix. Emergency and Inpatient referrals are transported by EMS or - if the situation allows - by personal vehicle - to the Sierra Vista Regional Health Center in Sierra Vista, AZ.

7.8 Limits of Care: RWBAHC has no emergency, transfusion, blood banking services, or inpatient services. Currently it provides no outpatient prenatal care. The facility provides limited transportation of non-emergent patients to facilities that provide higher levels of care. The facility has a contract with the installation fire department to provide EMS services. Age-specific limits: the facility provides no perinatal services.

8. SCREENING AND ASSESSMENT.

8.1 Screening: MEDDAC Memo 40-163, Pain Management, covers the organizational approach to pain screening, assessment and management.

8.1.1 All clinics residing in the Department of Primary Care and the Department of Military Medicine will perform a physical (pulse, respiration, blood pressure, temperature, height, weight), psychological, social, nutritional, and functional screen on patients at the first visit after in processing - and thereafter when warranted by the chief complaint. Age specific

screening: In the pediatric clinic, screening will include all of the above variables (minus the need for BP if under 3 years of age - plus head circumference (<3), and chronological age since the date of birth (<18).

8.1.2 Clinics residing in the Department of Behavioral Medicine, Department of Anesthesia and Perioperative Services (DAPS) and Department of Specialty Services tailor screening to the specific service provided.

8.2 Assessment:

8.2.1 Time frames within which assessments must occur: in all clinics except prior to operative procedures, assessments are conducted the day of the episode of care. Prior to operative procedures, an initial assessment generally occurs as part of a formal history and physical up to 30 days prior to the day of the procedure. If this assessment does occur prior to the day of the procedure, a reassessment must occur on the day of the procedure. An initial assessment for anesthesia must occur the same day of the procedure. By contractual agreement, outside sources of care will provide documentation of their assessments to the PCM via fax or e-mail within 10 days of the episode(s) of care.

8.2.2 Who may perform assessments: in most clinics, Licensed Independent Practitioners (LIP) conduct assessments. Either LIP's or by qualified registered or licensed nurses may conduct Occupational Health and Community Health assessments. In the Department of Behavioral Medicine, assessments are conducted by either LIP's or by Mental Health Technicians (91X).

8.2.3 Initial Assessment: Based on the information collected on the patient's needs (see at screening and patient and family education) qualified staff will conduct an initial assessment. The assessment includes, but is not limited to, the following information: a history, a past medical/surgical history (when indicated), a review of symptoms (when indicated), a physical examination tailored to the chief complaint, and an assessment based on the chief complaint.

8.2.4 Age-specific assessment considerations: MEDDAC Memo 40-163, Pain Management, covers age specific assessment. LIPs working with pediatric patients are responsible for conducting an age specific assessment at all encounters that includes, but

is not limited to, the following information: a nutritional assessment based upon the calculated Body Mass Index (BMI), a measured developmental age, measurements and assessments of developmental milestones, and an assessment of immunization status.

8.2.5 Clinic specific assessment considerations: For clinic specific assessment criteria see individual clinic standard operating procedures.

8.3 Reassessments: Patients who require scheduled follow-up are reassessed as needed, to evaluate his or her response to care, treatment, and services; to address newly identified conditions; to respond to a significant change in status and/or diagnosis or condition; to satisfy legal or regulatory requirements; or to meet time intervals specified by the organization and/or time intervals determined by the course of the care, treatment, and services for the patient

9. ASSESSMENT OF POTENTIAL VICTIMS OF ABUSE.

9.1 Clinical staff are trained, IAW the SOP for Abuse & Neglect, on how to identify potential victims of abuse and neglect. The scope of instruction includes, but is not limited to the identification of physical or emotional assault/abuse/neglect, rape, and sexual molestation in the active duty, domestic, elder, and pediatric population. To review the content of this training by consulting Abuse Staff Training

9.2 Staff are trained to refer potential cases to one of three agencies: the County Child Protective Services for acute intervention; the Garrison Criminal Investigation Division (CID); the Garrison Clinical Review Committee (CRC), which meets every 4 weeks to evaluate and substantiate non-urgent potential cases of physical, sexual, or emotional abuse or neglect.

These agencies within the context of the requirements of the law, will preserve evidentiary materials; support future legal actions; determine the scope and intensity of any further assessments based on the patient's diagnosis, setting, desire for care, treatment, and services; and the patient's response to any previous care, treatment, and services.

Further details of how the MTF and installation manage abuse and neglect are located in the organization's SOP for Abuse and Neglect

10. PLANNING CARE, TREATMENT AND SERVICES.

10.1 Care plans are developed and documented in the medical record by qualified individuals and are individualized to meet the unique assessed needs of the patient and within the time frames specified in the assessment. Care planning uses an interdisciplinary approach when warranted and involves the patient to the fullest extent possible. The plan may be modified or terminated based on information gathered at reassessment or the achievement of goals.

10.2 Documentation of Care: Legible documentation at each encounter across the organization includes, but is not limited to the following information: name, social security number, phone number, address, gender, date of birth, time/date of encounter, author, and the status of advanced directives if present.

10.3 Additional information that must be available to the provider at every encounter includes a current summary list, which includes the following: significant medical problems; major operative procedures and hospitalizations; allergies and ADRs to drugs, food, etc.; chronic medications and herbal remedies.

10.4 Utilizing up-to-date, legally prudent, evidenced-based, and/or local standards of clinical practice, as well as applicable clinical practice guidelines, the LIP will develop and document a treatment plan, a follow-up plan, and an education plan based upon the patient's comprehensive clinical assessment.

10.5 Certain disciplines, such as Physical Therapy, Anesthesia, and Surgery require explicit and detailed documented care plans.

11. PROVIDING CARE, TREATMENT, AND SERVICES:

11.1 RWBAHC provides individualized, planned, and appropriate interventions using an interdisciplinary approach that involves families as indicated. Depending on the clinic's individual

scope of practice (see appendices), the facility provides both episodic medical care to individuals and preventive care to individuals and to groups, as well as behavioral health interventions to individuals and to groups. Throughout the provision of care, treatment, and services, patients are matched with appropriate internal and external resources to meet their ongoing needs in a timely manner. Care, treatment, and services are coordinated between providers.

11.2 Additionally the MTF meets specialized needs for supportive care or complex case management by using DoD mandated programs such as the Exceptional Family Member Program (EFMP). The health center also employs two full-time qualified clinical case managers who provide specialized case management IAW MEDDAC Memo 40-26 Case Management Program.

11.3 The physical therapy service assists patients with restorative services, including maintaining the patient's level of functioning, assistance with activities of daily living - such as eating, dressing, grooming, bathing, oral hygiene, ambulation, and toilet activities. Occupational Therapy is available through referral to qualified network providers.

11.4 The behavioral medicine department provides care for communicative or psychosocial impairment.

12. CONTINUUM OF CARE:

12.1 The standard operating procedures for referrals inside and outside the MTF are covered in the SOP for Referrals and Consults

12.2 All care beyond the MTF's scope of practice is referred outside the facility. For outpatient and inpatient services within the military health care system, we use the following facilities:

17 February 2005

12.2.1 William Beaumont Army Medical Center (WBAMC), El Paso, Texas

12.2.2 Walter Reed Army Medical Center (WRAMC), District of Columbia

12.2.3 Brooke Army Medical Center (BAMC), San Antonio, Texas

12.2.4 Balboa Naval Medical Center, San Diego, California

12.3 Specialty and emergency services are also provided through Raymond W. Bliss' major contracted referral service TRIWEST located in room 1023. TRIWEST maintains an extensive area network of outpatient in Sierra Vista, Tucson, and Phoenix. A directory of these providers is available on the TRICARE and TRIWEST Web pages.

12.4 We normally use the following facilities for patients needing inpatient services:

12.4.1 Sierra Vista Regional Health Center: Located 10-15 minutes by ground, this 82-bed facility provides emergency care, obstetrical services, and limited inpatient and intensive care services.

12.4.2 University Medical Center

12.4.3 Tucson Medical Center

12.4.4 The Veterans Administration Hospital in Tucson

12.4.5 Benson Psychiatric Hospital:

12.5 Emergency medical care (the acute stabilization and transport of patients with immediately life threatening conditions):

12.5.1 All clinical support staff have at least a BLS certification. All clinical and non-clinical staff are trained to recognize common signs and symptoms of potential emergencies indicating the need for immediate intervention. Each staff member has a readily accessible list of signs/symptoms of potential emergent conditions.

12.6 Patients who are assessed to be in a condition requiring emergency services will be stabilized and transported by contracted EMS services (see EMS Memorandum of Agreement) to the Sierra Vista Health Center in Sierra Vista, AZ. For details of the health center's response to patients with emergency cardiac care conditions, refer to MEDDAC Memo 40-24 911 Response Protocol.

12.7 Because planned emergency care services fall outside our scope of services beneficiaries receive briefings during in-processing that emphasize that emergency care should be obtained from the nearest emergency facility, rather than at the clinic. Prior authorization from TRICARE or from MTF providers is not required to obtain emergency services. For details of how patients with potential emergencies who are not physically located in the health center, see MEDDAC Memo 40-39 Telephonic Advice.

12.8 Emergency Psychiatric Care: Details of how emergency psychiatric care is obtained is covered in the organization's SOP for Emergency Psychiatric Care.

12.9 Urgent care (provided within 24 hours) and routine care (provided within 28 days) is provided either directly or by referral.

12.10 For active duty soldiers with non-emergent conditions who have no other means of transportation, a non-EMS equipped transport service is available to transport them to ambulatory appointments or for inpatient care. Transport services are obtained by calling 533-2627 during duty hours or the AOD (533-2963) after duty hours.

12.11 Because our health center is a restraint-free facility, the Military Police (911) is called for assistance in cases where a patient may be potentially violent. For details pertaining to the Transport Service operating procedures refer to the SOP Transport Section

13. PATIENT AND FAMILY EDUCATION:

13.1 General Philosophy: It is RWBAHC's practice that patients are given sufficient information to make decisions and to take responsibility for self-management activities related to their

needs. Patients and their families are educated to improve individual outcomes by promoting healthy behavior and appropriately involving patients in their care, treatment, and service decisions. RWBAHC staff understands that learning styles vary, and the ability to learn can be affected by many factors including individual learning preferences and readiness to learn. Staff therefore tailors educational activities to meet the patient's needs and abilities, as well as the most important needs in the population as a whole. Education is adapted to accommodate age, culture and language if feasible, and shall be individualized for a specific patient and/or family. Education strives to be multidisciplinary and involves an appropriate combination of LIPs, nursing staff, pharmacy staff, and health benefits advisors. Patients identified as having exceptional ongoing needs, IAW with the criteria listed in MEDDAC Memo 40-26 Case Management Program, are referred to case managers who ensure that education needs are met in an ongoing fashion.

13.2 Responsibilities:

13.2.1 The Family and Patient Education Committee is responsible for coordinating decisions about patient education that maintains a collaborative focus with all professional disciplines involved, as applicable; assisting in the interpretation and implementation of RWBAHC missions and philosophies concerning patient and family education, to include support of Clinical Pathway Guidelines (CPG) implementation; identifying resources needed to execute programs; preparing and submitting reports as required to the JCAHO Coordinating Council and Executive Committees; reviewing and approving patient education material for content, appropriateness and standardization throughout the Medical Treatment Facility (MTF) prior to purchase with the committee's funds.

13.2.2 Patient Education Coordinators are responsible for participating on the Family and Patient Education committee as assigned; developing and implementing patient and staff education programs for their clinical areas thru Health Education Resource Center (HERC); educating staff members in their respective areas on patient education resources and the activities of the Family and Patient Education Committee; maintaining an archive and current list of available patient education materials and programs in their respective clinic; providing further education or reinforcing education done by the

provider; supplying educational materials for patients and families in their clinic areas, requesting purchase through HERC.

13.2.3 Head Nurses/OICs, NCIOCs, and Clinic Chiefs are responsible for; participating on committees as assigned; ensuring that assessment and education of patients and families is completed in accordance to JCAHO guidelines by their staff. (staff is educated on available resources); ensuring that all staff members provide and document patient and family education as necessary; assisting in the development and implementation of new education initiatives for clinical areas as directed by the DCCS or DCHS; incorporating Performance Improvement (PI) monitoring of patient education into their PI program and forwarding reports to the RWBAHC PI Coordinator; appointing a Patient Education Coordinator; reviewing and approving all patient education material for content, appropriateness and standardization throughout the MTF with the assistance of the Family and Patient Education Committee.

13.2.4 All Health Care Providers are responsible for: providing education to patients and families as warranted based on a learning needs assessment and presenting complaints; documenting all education provided to patients and families on the appropriate form(s) in the medical record; reassessing education provided in a previous encounter and reinforcing or further educating patients and families as necessary; providing education based on adopted Clinical Practice Guideline's (CPG) and participating in their implementation.

13.2.5 All support staff members are responsible for providing education to patients and families as requested by the provider or clinic OIC and documenting all education provided in the medical record.

13.3 How RWBAHC provides general orientation and education about our health care system and about how to access our services: Patients first enroll into our clinic system by visiting the Patient Administration Division (PAD) at (520)533-5037 and the Tricare Service Center (520)515-5840 during in-processing. At PAD, required demographic and patient specific information is entered into the DEERS and CHCS databases. Staff are available at the Tricare Service Center to brief patients and answer questions about benefits and how to access the health

care system. Information about our MTF is also available on the internet at <http://rwbach.huachuca.amedd.army.mil/>.

13.4 How RWBAHC assesses educational needs during patient care: When patients present for their first appointment in our organization, which is usually at one of the primary care clinics, they undergo a comprehensive baseline educational needs assessment. The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication, and known financial implications of care choices as appropriate. With subsequent visits, the baseline educational assessment is updated when warranted.

13.5 How RWBAHC provides education:

13.5.1 General. How each clinical service provides for education is tailored to each service's scope of practice and further described in the appendices of this memo. At any given encounter the content and format of education given is generally determined by the LIP's based on his/her overall assessment of the patient's educational needs. Education provided by the LIP is documented on the SF600. When more thorough education is warranted, the patient may undergo additional education, usually at the conclusion of the encounter.

13.5.2 Staff competency. All levels of health care workers will possess the appropriate education or training necessary to be competent in all patient and family education they provide. All levels of health care workers will be familiar with RWBAHC Family and Patient Education resources in order to be able to refer to appropriate expertise.

13.5.3 Content. Such education will include instruction in the specific knowledge and skills needed by the patient and/or family to meet the patients' ongoing health care needs including, but not limited to the following:

13.5.3.1 Diagnosis

13.5.3.2 The plan for care, treatment, and services

13.5.3.3 Basic health practices and safety

13.5.3.4 The safe and effective use of medications

13.5.3.5 Nutrition interventions, modified diets, or oral health, including instruction on potential food-drug interactions

13.5.3.6 Safe and effective use of medical equipment or supplies, when provided by the organization

13.5.3.7 Understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management

13.5.3.8 Habilitation or rehabilitation techniques to help them reach maximum independence possible

13.5.3.9 When and how to obtain further treatment if needed.

13.5.3.10 Access to additional health education resources.

13.5.3.11 Home care instructions provided to the patient and/or family will also be provided to other individuals or agencies responsible for the continuing care of the patient.

13.5.4 Resources used. Resources shall be selected based on patient and family needs, and may include, but are not limited to, individual or group counseling, didactic instruction, brochures and printed materials, web or CPU based materials, video tapes, and/or referrals to community resources/agencies.

13.6 Documentation of Education:

13.6.1 Responsibilities. All personnel to include LIPs, ANCs, RNs, 91Ws, and LPNs are responsible for documenting patient and family education, on the SF form 600, DD form 2766 and any other appropriate forms, in the medical record.

13.6.2 Approved forms. Approved forms may include, but are not limited to the following:

13.6.2.1 Chronological Record (SF form 600)

17 February 2005

13.6.2.2 Referral For Civilian Medical Care computer generated in CHCS

13.6.2.3 Preoperative Instructions Form (RWBAHC OP 77, 1 JUN 98) and Postoperative Instructions form(RWBAHC OP 76)

13.6.2.4 Adult Preventive and Chronic Care Flowsheet (DD Form 2766).

13.6.2.5 Patient Education Encounter Flowsheet.

The proponent agency of this publication is the Deputy Commander for Clinical Services. Users are invited to send comments and/or suggested improvements to Commander, USAMEDDAC, ATTN: MCXJ-CCS, Fort Huachuca, AZ 85613-7040.

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APPENDIX A
DEPARTMENT OF MILITARY MEDICINE

The Department of Military Medicine consists of two ambulatory care clinics and a Physical Examinations section.

MILITARY MEDICINE CLINIC

MISSION: The primary mission of the MCC is to provide military readiness through accessible, comprehensive quality health care and prevention for all permanent party soldiers on Fort Huachuca.

LOCATION: The Military Medicine Clinic (MMC) is located in Building 51101 on the NW corner of Hatfield and Winans on Ft Huachuca.

HOURS OF OPERATION: Monday through Wednesday and Friday except holidays from 0700 to 1600 hours, Thursdays from 0700-1200 hours. Late Hours Clinic is available 1600-1800 Mondays and Tuesdays. Soldiers needing care on weekends and holidays receive their care at the Weekend/Holiday Access Clinic at RWBACH, which is available to soldiers from 1000 to 1400.

ENTRY TO CARE, TREATMENT, AND SERVICES: The MMC schedules patients by telephone appointment from 0630 until COB and walk-ins between 0700 and 1000. To access the clinic, beneficiaries call (520)533-9200.

COMPLEXITY OF PATIENT CARE NEEDS: The MMC serves a healthy active duty military population numbering approximately 4,000.

AGE-SPECIFIC CONSIDERATIONS: The clinic serves an active duty adult population male/female age 17 and over. Less than 2% of the served population is over age 50.

SCOPE OF PRACTICE: The MMC provides routine and acute ambulatory health care, preventive health care and education. The sections within the MMC are the primary care section, general medicine section, aviation medicine section, immunizations section, transportation section, and the minor procedure section.

17 February 2005

LIMITS OF CARE: The MMC does not provide emergency services. Operative and non-operative procedures are limited to those listed in the documents *Approved Non-surgical Procedures* and *Approved Surgical Procedures*

PATIENT AND FAMILY EDUCATION: Patient and family education is interactive and provided mainly through verbal and written communication. Patient education handouts on pertinent topics are available in the waiting area.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Staff can consist of Family Physicians, General Medical Officers, Flight Surgeons, Physician Assistants and Family Nurse Practitioners - plus clinical administrative and support staff. The minimal level of provider staffing is three (3).

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Patients sent to the ER, potential/actual cardiac patients, potential/actual respiratory patients (asthma, pneumonia, etc), potential/actual neoplastic patients, critically abnormal labs, STD patients.

THE RAY TROOP MEDICAL CLINIC

MISSION: The primary mission is to provide military readiness through accessible, quality, compassionate and comprehensive health care and prevention guidance for active duty (AD) members of the following organizations: 305th MI BN, 309th MI BN, 314th Training Squadron (AF), Navy Detachment and Marine Corps Detachment.

LOCATION: The Ray Troop Medical Clinic is located in the Prosser Village in Building 81501 on Bissell Street.

HOURS OF OPERATION: Monday, Tuesday, Wednesday and Friday, except holidays and weekends from 0530 to 1600 hours, Thursday 0530-1200.

ENTRY TO CARE, TREATMENT, SERVICES: Appointments are by walk-in and appointment. Soldiers needing care on weekends and holidays receive their care at the Weekend/Holiday Access Clinic at RWBACH, which is available to soldiers from 1000 to 1400.

COMPLEXITY OF PATIENT CARE NEEDS: The clinic cares for healthy AD service members assigned to the above units.

AGE-SPECIFIC CONSIDERATIONS: Age range for serviced population is 17 years and older.

SCOPE OF PRACTICE: All services consist of primary outpatient care, limited urgent care, health education, and prevention guidance. Procedures performed include IV hydration, administration of injectable medication via IV piggyback, subcutaneous, intra-dermal, and intra-muscular injection. In-grown toenails are removed. Well women examinations are performed, as is other preventive health care as required. Minor trauma such as small lacerations, sprains, and contusions will be managed at the clinic. Same day illness appointments for minor illness and routine regular appointments for chronic illness management and other specialized functions are provided by the clinic.

LIMITS OF THE CARE: The clinic has no capability of providing care requiring more than two hours of observation, such as IV hydration and respiratory nebulizer treatments.

PATIENT AND FAMILY EDUCATION: Patient and family education is interactive and provided mainly through verbal and written communication.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE SCOPE AND MISSION: Physicians and non-physician health care providers provide care. Paraprofessional staff provide nursing care. Over 1500 patient are seen a month. The minimal level of provider staffing is one (1).

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Patients sent to the ER, potential/actual cardiac patients, potential/actual respiratory patients (asthma, pneumonia, etc), potential/actual neoplastic patients, critically abnormal labs, STD patients

PHYSICAL EXAMINATION CLINIC AND MEDICAL EVALUATION BOARDS (MEB)
MISSION: The physical examination section provides comprehensive physical examinations in an effective and

17 February 2005

efficient manner to all eligible beneficiaries - as well as Medical Evaluation Boards for active duty, reserve, and national guard soldiers.

LOCATION: The Physical Exam section is located in the ambulatory care annex building 45006.

HOURS OF OPERATION: Monday, Tuesday, Wednesday and Friday, except holidays and weekends from 0530 to 1400 hours, Thursday from 0530-1200.

ENTRY TO CARE, TREATMENT SERVICES: The Clinic sees patients by appointment by calling (520) 533-8837.

COMPLEXITY OF PATIENT CARE NEEDS: Patients undergoing physical exams have a range of complexity from completely healthy to very complex. We use specially trained case managers and consultants from the VA system to assist us in the evaluation of more complex cases.

AGE-SPECIFIC CONSIDERATIONS: All patients are adults. All patients are active duty, retired active duty, temporary retired, or pending induction into the military. Ages range from 18 years to 60 years.

SCOPE OF PRACTICE: The clinic has a non-complex scope of practice. Physical examinations are non-invasive. MEB process is a collection of data and the dictation of the Narrative Summary (NARSUM).

LIMITS OF CARE: Services offered are limited to periodic, retirement, administrative, occupational health, or medical board related physical examinations. Invasive diagnostic evaluations, specific organ system evaluations, imaging, and laboratory services are outside scope of the section and are requested by consultation.

PATIENT AND FAMILY EDUCATION: Patients undergoing physical exams rarely have extensive education needs beyond wellness counseling. Patients undergoing MEBs require extensive counseling to help them negotiate the system; this formal counseling is documented in their MEB packets.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:
The section has the responsibility to continually assess the availability and capability of the staff to meet all requirements. The section is staffed to meet the demands of the catchment area in the performance of PEs and completion of MEBs. The minimal level of provider staffing is one (1).

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Physical Exams and Medical Evaluation Boards are by definition administrative in nature and do not generally involve the direct care of acute or chronic illness. A physician screens the ancillary studies on all patients who do not show. If new significant previously undiagnosed problems are identified on a CBC, lipid panel, RPR, HIV, CXR, EKG, hearing screen, or vision screen - the staff will contact the patient and instruct them to follow up with their primary care manager for the problem identified.

APPENDIX B
DEPARTMENT OF PRIMARY CARE

THE FAMILY CARE CLINIC (FCC)

MISSION: The FCC provides comprehensive, ambulatory health care to Tricare Prime enrolled patients on an empanelment basis and other eligible beneficiaries on a space available basis. Practitioners will serve as Primary Care Managers (PCM) for the empaneled patients.

LOCATION: The FCC is located at Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday excluding holidays and weekends. Thursday hours are 0730 through 12 noon.

ENTRY TO CARE, TREATMENT AND SERVICES: Patients are seen by appointment by calling 533-9200. A PCM is available for consultation and/or referrals 24 a day by calling 533-2433. All enrolled patients are assigned to a specified team. IAW MEDDAC Memo 40-39 Telephonic Advice, triage is performed according to established guidelines by qualified nursing staff when there are no appointments available or when the patient can best be served by being advised of home treatment plans.

AGE-SPECIFIC CONSIDERATIONS: The patients evaluated by our providers range from 13 years of age to geriatric patients. The care required for these patients varies based upon individual patient presentations and need.

COMPLEXITY OF PATIENT CARE NEEDS: Patient complexity ranges from healthy children and adults to adults and children with multiple chronic medical problems.

SCOPE OF PRACTICE: The scope of care provided within the clinic includes routine primary health care as well as preventive care and minor surgical procedures. Same day and acute appointments are available for urgent minor problems. For a more comprehensive overview of services, see Approved Non-surgical Procedures and Approved Surgical Procedures

LIMITS OF CARE: While equipment is maintained to deal with, emergency problems (crash carts, suction apparatus, nebulizers,

etc.), patients with potential for rapid deterioration are referred to the Sierra Regional Vista Health Center Emergency Room. Patients who develop the need for hospitalization will be evaluated by the appropriate provider and transferred to an appropriate higher level of care facility. Patients requiring specialized care are referred to the appropriate clinic within the Health Center or network.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE SCOPE AND MISSION: The Adult Family Care Clinic staff clinical guidelines are available in the clinic. This book gives specific guidance for the standards and guidelines for practice, which are to be utilized by all staff members of this clinic. Health care providers include family practice physicians, general medical officers, nurse practitioners and physician assistants. Support staff consists of registered nurses, licensed practical nurses, nursing assistants, and military 91Ws. Patients are assigned to a team within one of the three small group practice teams. Each team consists of one physician and one nurse practitioner or one physician assistant. In addition, there is one resource sharing provider who is empanelled patients and one physician assistant assigned to assist all teams with open access (same-day) appointments. Support staff for the teams are: One Charge/Education Nurse, two Licensed Practical nurses (LPN), two 91W's, two nursing assistants, two Advice/Triage nurses, one Head Nurse, two NCO's, two clerk receptionists, and one Department secretary. Provider level minimal staffing: One Physician and three Physician Assistants or Nurse Practitioners.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Doctors will alert the nurse (RN) of the week whenever they note that a high-risk patient has missed an appt. High risk being defined as anyone with a complaint of shortness of breath, chest pain, or any other complaint in a patient that the physician deems high risk and in need of immediate contact and follow-up. Rationale: Physicians know their patients best and even a patient who has missed an appt with a chief complaint of diabetes or hypertension follow-up may be deemed warranting a follow-up phone call and rescheduling by the RN.

PEDIATRIC PRIMARY CARE CLINIC

MISSION: The Pediatric Clinic provides comprehensive, ambulatory care for TriCare eligible beneficiaries. The spectrum of disciplines is limited to General Pediatrics.

LOCATION: The Pediatric Clinic is located at Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday excluding holidays and weekends. Thursday hours are from 0730-1200)

ENTRY TO CARE, TREATMENT AND SERVICES: Patients are seen by appointment by calling 533-9200 during the hours of operation. All enrolled patients are assigned to a specified Pediatric PCM. IAW MEDDAC Memo 40-39 Telephonic Advice, telephone and walk-in triage is performed according to established guidelines and protocols and will be utilized when there are no appointments available or when the patient can be best served by being advised of home treatment plans. Triage parents will typically be referred to the advice nurse. If the advice nurse feels that the patient should be seen on a same day basis and no appointment are available, she/he will confer with the child's primary provider. A PCM is available for consultation or referral after hours per day by calling 533-2433.

COMPLEXITY OF PATIENT CARE NEEDS: The served pediatric population is generally healthy, with a minority of patients with significant chronic medical conditions.

AGE-SPECIFIC CONSIDERATIONS: The patients evaluated by our providers range from birth to 12 years of age. The care required for these patients varies based upon individual patient presentations and need.

SCOPE OF PRACTICE: The scope of care provided within the clinic includes primary health care as well as preventive care. The methods most frequently utilized in assessing the health care needs of the Pediatric Clinic arises from regularly scheduled patient visits, requests for same day appointments and follow-up patient appointments. NPs may order diagnostic testing and therapeutic interventions IAW their approved privileges on file

in the credentials office. Non-physician providers are under the direct supervision of a physician who performs regular quality reviews the health care and record keeping rendered by the assigned non-physician provider.

LIMITS OF CARE: Patients will receive routine medical services within the clinic. All services are limited by the non-availability of health center services. While equipment is maintained to deal with emergency problems (Emergency Response Boxes, suction apparatus, nebulizers, etc.) patients with potential for rapid deterioration are referred to emergency centers. Patients who develop the need for hospitalization will be evaluated by the appropriate provider and transferred to a higher level of care facility.

PATIENT AND FAMILY EDUCATION: All providers will offer appropriate education to parents and patients as part of the patient encounter. The Pediatric Nurse will specifically offer detailed and extended education under special circumstances as identified by the providers, nurse, and/or any staff member. Parents may call for advice and/or education at any time during clinic hours by contacting the Pediatric Nurse through the central appointment line 533-9200 and requesting to speak to the Pediatric Nurse. If more complicated or above the Nurse's level of practice is required, the Nurse will consult the provider for further assistance. In addition general health information is available for all beneficiaries through the Health education Resource Center (HERC) located in the Health Center library. Patients with special conditions are referred to appropriated classes offered during the month, i.e. classes for Asthma, Diabetes, Smoking cessation etc.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The Pediatric Clinic staff clinical guidelines are available in the clinic. This book gives specific guidance for the standards and guidelines for practice, which are to be utilized by all staff members of this clinic. Staffing will consist of one small group practice. The small group practice consists of three (Pediatricians and one part time nurse practitioner or physician assistant. Staffing includes assigned nursing personnel with current, license, Basic Life Support Training and unit based competencies. Requirements are: One Charge Nurse, two Licensed Practical Nurses (LPN), one 91W and one clerk

17 February 2005

receptionist, minimal provider staffing is: one pediatrician, one Pediatric Nurse Practitioner or one Family Practice oriented Physician Assistant, and one licensed Practical Nurse or one 91W.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Doctors will alert the nurse (RN) of the week whenever they note that a high-risk patient has missed an appt. High risk being defined as anyone with a complaint of shortness of breath, chest pain, or any other complaint in a patient that the physician deems high risk and in need of immediate contact and follow-up.

WEEKEND AND HOLIDAY ACCESS CLINIC (WHAC)

MISSION: The WHAC mission is to provide urgent care after hours to eligible beneficiaries.

LOCATION: The WHAC is located at Raymond W. Bliss Health Center 4220 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Weekends and holidays 1000 to 1400 hours and 1630-1800 weeknights Monday-Friday except holidays.

ENTRY TO CARE, TREATMENT, AND SERVICES: Patients are seen by appointment by calling (520)533-9200 on duty days and 533-9165 on weekends and holidays. A Primary Care Manager is available for consultation and/or referral 24 hours per day by calling 533-2433.

COMPLEXITY OF PATIENT CARE NEEDS: The served population is generally healthy.

AGE-SPECIFIC CONSIDERATIONS: The patients evaluated by our providers range from birth to geriatric patients.

SCOPE OF PRACTICE: The scope of care provided within the clinic involves limited urgent health care. Minor surgical procedures and minor trauma are managed within the clinic. The WHAC is an after hours clinic. Patients requiring follow-up or specialized care are advised and encouraged to make appointments with their Primary Care Provider. Consults to other services, however, are submitted for urgent problems.

LIMITS OF CARE: Even though equipment is maintained to manage emergency situations, (i.e. Emergency Response Boxes, suction devises, nebulizers, etc.) patients with the potential for rapid deterioration are referred to the Sierra Regional Health center Emergency Department. Patients who develop the need for hospitalization will be evaluated by the appropriate provider and will be transferred to a higher level of care facility that can accommodate an inpatient status.

PATIENT AND FAMILY EDUCATION:

Providers offer appropriate education during each patient encounter. Patients requiring more detailed and specialized education are referred to the Nurse on duty, and/or are referred to specialized personnel i.e. Nutritionist, pharmacist etc. In addition, during regular Health center hours, all patients have access to the Health Education Resource Center (HERC) located in the center's library. Consults may also be requested by the provider for special classes for conditions such as Asthma, Diabetes, Obesity, Smoking Cessation, etc.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:

The WHAC clinic is staffed with one patient care team consisting of an LIP, one nurse, one nurse assistant, and one clerk-receptionist. Personnel from the pharmacy, radiology, and lab are on call to provide ancillary support when indicated.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS Doctors will alert the nurse (RN) of the week whenever they note that a high-risk patient has missed an appt. High risk being defined as anyone with a complaint of shortness of breath, chest pain, or any other complaint in a patient that the physician deems high risk and in need of immediate contact and follow-up. Rationale: Physicians know their patients best and even a patient who has missed an appt with a chief complaint of diabetes or hypertension follow-up may be deemed warranting a follow-up phone call and rescheduling by the RN.

ALLERGY & IMMUNIZATION SERVICE

MISSION: The Allergy/Immunization Service provides quality outpatient allergy and immunology assessment and management to eligible individuals. Patients are seen by appointment through routine consult tracking. The resources of the Allergy/Immunology Service are devoted to the identification and treatment of allergic conditions, administration of immunotherapy (Allergy Shots) and Immunizations.

17 February 2005

LOCATION: The Allergy & Immunization Service is located at Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday, 0730-1200 on Thursday excluding holidays, weekends. Hours of operation for allergy injections are Tuesday, Friday 0730-1130, 1300-1600, and Wednesday 1400-1600.

ENTRY TO CARE, TREATMENT, AND SERVICES: Allergy Service is a referral clinic. The Allergist sees patients on Wednesday 0730-1130 biweekly. Skin tests are referred to the network. Immunizations are offered to all eligible individuals as required for health maintenance and overseas travel at the aforementioned hours above.

COMPLEXITY OF PATIENT CARE NEEDS: The population served in the Immunization Service is healthy. The served population in the Allergy Service is generally healthy with chronic mild allergy problems requiring evaluation by the Allergist, Skin testing, and are undergoing Immunotherapy under the supervision of the Allergist.

AGE-SPECIFIC CONSIDERATIONS: The Immunization Service provides routine immunizations to patients 6 years and older. Immunizations required for travel are provided to all ages as appropriate. The Pediatric Service provides immunizations to children birth to 5 years of age. The Allergist accepts referrals through out the age spectrum. Immunotherapy varies based on the individual patient presentation and need.

SCOPE OF PRACTICE: The allergist provides consultation to beneficiaries with seasonal allergies and Asthma and recommends treatment. Procedures are consistent with individual credentialed privileges and are delineated. Immunizations are provided for those patients seen by Occupational Health and other health providers. Allergy injections are given to those patients seen and followed by the Allergist.

LIMITS OF CARE: Provision of care is limited to healthy individuals who require routine immunizations, allergy evaluations and immunotherapy. Services are limited by non-availability of in-house hospital services. Patients who have had and/or are having problems with their antigens are

evaluated by the allergist either when during his clinic hours at this facility or at one his private offices. Patients identified as high risk and requiring specialized care / follow-up are referred to authorized specialists in the TriCare network. Equipment and medications to deal with emergency problems are available. Patients with potential for rapid deterioration are referred to the local hospital emergency center. Patients who develop need for hospitalization will be evaluated by appropriated provider and will be transferred to a higher level of care.

PATIENT AND FAMILY EDUCATION: The Allergist and the staff provide education at each patient encounter verbally and with written handouts, specifically for each immunization given. The patients also have access to the Health Education Resource Center (HERC) located in Preventive Medicine, Wellness and Readiness Service.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Assigned personnel Allergy/Immunization: 1 - Allergist resource sharing; 1 - RN resource sharing; 1 - NCOIC, 91 B or 91 C (91W) LPN, 1 - 91B-Y8. Nursing personnel provide care to any patient being seen in the allergy clinic. Procedures that may be done in the allergy/immunization clinic are consistent with licensure and individual competencies. In addition the 91B assigned has attended a Military Allergy/Immunization Course and Has a Y-8 identifier.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Referred and NO-Show patients are contacted to inform them that they must obtain an new referral since the original one will expire before another appointment can be made. Routine follow-up-NO Show patients are not contacted but are advised on their subsequent visit to make an appointment with allergist for their injection if has been a NO-Show for an injection. Patients identified as having had a "C" reaction (swelling more than 12 hrs. or greater than 25mm redness and induration), or have had a systemic reaction and are NO-Show's, are contacted ASAP and either rescheduled for a follow-up with the Allergist. Patients identified as having missed several injections during Allergy Patient Record Review, are given a courtesy call as a reminder.

APPENDIX C
DEPARTMENT OF PERIOPERATIVE & ANESTHESIA SERVICES

MISSION. To provide high quality and safe anesthesia and perioperative services.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Hours of operation are Monday, Tuesday, Wednesday, and Friday from 0700-1500 hrs and Thursday from 0700-1200 hrs. Exceptions are authorized holidays and training holidays.

ENTRY TO CARE, TREATMENT, AND SERVICES: The surgeon schedules the potential surgical candidate's data into the Surgery Scheduling System. The Pre-Admission nurse schedules the patient for an appointment. Consultation with the anesthesia provider will be initiated by the completion of a consultation sheet, and by telephonic contact from the referring physician. The patient is seen by anesthesia prior to surgery only if the Pre-Admission nurse has concerns or the patient has questions about the anesthesia. An anesthesia assessment and interview is, otherwise, conducted on the day of surgery. A patient universal protocol is conducted by all members of the surgical team.

COMPLEXITY OF PATIENT CARE NEEDS: The health center will provide anesthesia services to beneficiaries categorized as PS I, PS II, and selected PS III patients requiring elective or semi-emergent surgery. All patients requiring treatment or care after discharge from PACU will be seen in the clinic or a local hospital if warranted.

AGE-SPECIFIC CONSIDERATIONS: PS I, PS II patients and selected PS III ranging from pediatric patients (must be 8 years or older) to geriatric age groups can be treated.

SCOPE OF PRACTICE: The Department of Anesthesia and Perioperative Services (DAPS) provides preoperative, operative, and immediate postoperative care to patients undergoing elective surgery and moderate sedation. The Perioperative Nursing Section utilizes the current Standards & Recommended Practices of the Association of Operating Room Nursing (AORN), Association for the Advancement of Medical Instrumentation (AAMI) and the

guidelines of the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) to develop specific clinical guidelines for patient care.

Anesthesia/Operating Room services include: pre-anesthesia consultation and or evaluation, intra-operative patient management, management of postoperative complications, fluid and electrolyte therapy to include blood and blood products, and cardiopulmonary resuscitation procedures. Anesthesia Services provides general, spinal, regional, moderate sedation, and pain management. For a list of surgical services falling within the DAPS scope: See sub-policy to Provision of Care *Approved Surgical Procedures*.

Recovery: PACU is a 4-bed unit equipped with monitors that have the capability to trend oxygen saturation, automatic blood pressure, temperature, respirations, EKG at each bedside, and wall oxygen/suction. A crash cart and malignant hyperthermia cart is located in the PACU and is also utilized for patients in the operating room. The PACU RN's initial assessment includes, but not limited to, Post Anesthesia Recovery Room Scoring (PARRS) level, airway status, level of consciousness, vital signs, pain level, and IV status. The patient is kept in the PACU until post anesthesia recovery room score/criteria of 10 is met and noted by the anesthesia provider.

Discharge: The surgeon discharges the patient and writes an order that states "Patient discharge from ASPU when PARRS criteria is met

Central Material Supply: CMS is an organizational element of Perioperative Services and is responsible for processing medical supplies and special technical equipment for the Operating Room, clinics within the health center, and to outlying clinics. CMS provides a wide range of services to include receiving, decontaminating, cleaning, preparing, packaging, sterilizing, dating, storing, inventory, and issuing of items.

LIMITS OF CARE: Raymond W. Bliss Army Health Center provides same day, outpatient-based, ambulatory surgery services. Patients who require overnight admission, Critical Care, Telemetry, Special Care Unit level nursing services. and/or postoperative mechanical ventilation after surgery exceed the

17 February 2005

capability of this facility. Patients requiring these services are referred to military medical centers or network civilian medical treatment facilities. PS III patients for anesthesia/surgery are considered on a case-by-case basis, however, most elective surgeries considered high risk (PS III) would be referred to network facilities. Pediatric patients younger than 8 years of age would be referred to an outside facility.

PATIENT AND FAMILY EDUCATION: Patient and family teaching begins with the patient assessment prior to surgery. The Pre-Admission nurse reviews all pre- and post- operative instructions during the patient's initial visit. If the patient requests further discussion with a provider, anesthesia is notified that day and meets with the patient or calls the patient at home. Patient and family teaching continues perioperatively and during the post anesthesia recovery period and includes but is not limited to pain management and discharge instructions.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Anesthesia services throughout the MTF are provided by Certified Registered Nurse Anesthetist/s (CRNA/s). Qualified and competent anesthesia provider/s will be present for all procedures requiring anesthesia care and will be present in the operating room throughout the conduct of all general anesthetics, regional anesthetics, and monitored anesthesia care. Minimal and current staffing for one operating room and a preoperative anesthesia clinic is one active duty Army CRNA. A Registered Nurse (RN) will be assigned in the circulating nurse positions. The scrub role may be executed by an Army trained 91D Operating Room Specialist or an RN. Support services for the OR will be provided by trained Central Material Supply technicians, RN and biomedical/environmental services. Minimal staffing for PACU is one RN and LPN. The Officer in Charge of OR is responsible for the CMS.

CALLBACK CRITERIA: The OIC/NCOIC, PACU calls post-operative patients within 72 hours of surgery. If complications related to anesthesia are identified, the anesthesia provider is called and the surgeon is notified.

APPENDIX D

DEPARTMENT OF SPECIALTY CARE

MISSION: The Specialty Department provides specialty care to all eligible beneficiaries.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday, 0730-1200 Thursday, excluding holidays and weekends.

ENTRY TO CARE, TREATMENT AND SERVICES: How patients access each service, whether directly or through referral, is covered in each individual service's Scope of Practice statement below.

COMPLEXITY OF PATIENT CARE NEEDS: Each service within the Surgical Specialties Clinic will evaluate patients to determine if their resources can meet the patients care needs.

AGE-SPECIFIC CONSIDERATIONS: Beneficiaries ranging from pediatrics to geriatric age groups can be treated. Patients at the extreme of the age range (i.e., <10 years old, >70 years old) can be treated after a detailed assessment of their condition determines that we have the resources and capabilities to meet their needs.

SCOPE OF PRACTICE: ambulatory general surgery, orthopedics, gynecology, urology, optometry, physical therapy, and internal medicine. An approved list of surgical procedures this facility is staffed and equipped to support are listed in the document Approved Surgical Procedures.

LIMITS OF CARE: All services are limited to the non-availability of inpatient services. Patients who have a high probability of requiring inpatient services postoperatively will undergo their surgical procedure using network facilities rather than at this facility.

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process. The patient will understand the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

17 February 2005

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: It is the Specialty Clinics responsibility to continually assess the availability and capability of its staff in the different services. Input from the different services will aid the Chief, Surgical Specialty Clinic in making this assessment and in making recommendations to the DCCS.

ORTHOPEDIC SERVICE

MISSION: The Orthopedic Service provides orthopedic care to eligible beneficiaries from all services.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday, 0730-1200 Thursday, excluding holidays and weekends.

ENTRY TO CARE, TREATMENT, AND SERVICES: Referral

COMPLEXITY OF PATIENT CARE NEEDS: All orthopedic conditions can be evaluated. If the complexity is beyond the scope of the resources a referral for subspecialty care will be provided.

AGE-SPECIFIC CONSIDERATIONS: Beneficiaries ranging from pediatrics to geriatric age groups can be treated. Patients at the extreme of the age range (i.e. <3 years old, >65 years old) can be treated after a detailed assessment of their condition determines that we have the resources and time depending on the staffing of the clinic.

SCOPE OF PRACTICE: The Orthopedic Clinic provides comprehensive diagnostic evaluation of all orthopedic conditions. Orthopedic procedures provided include splinting, casting, steroid injections, and operative procedures listed. An approved list surgical procedures that this facility is staffed and equipped to support are listed in the document Approved Surgical Procedures.

LIMITS OF CARE: If the scope and complexity of the patient's needs requires hospitalization or is beyond the limitation of the service, arrangements will be made for the patient to be evaluated by the appropriate Orthopedic subspecialty; i.e., hand surgery, spine surgery, pediatric Orthopedic surgery.

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process. The patient will understand the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The Orthopedic Clinic currently has one active duty and one contracted orthopedic surgeon, two senior orthopedic technicians and one junior orthopedic technician.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: at the end of each clinic day, the convenience charts for missed appointments will be reviewed by the orthopedic surgeon. Patients whose care will be compromised by a delay in treatment will be contacted and their chain of command will be notified.

PHYSICAL THERAPY SERVICE

MISSION: The Physical Therapy Service under the direction and supervision of the Chief, Physical Therapy will manage and supervise the available resources to include support personnel to provide care and treatment to all active duty personnel and, as space allows, to eligible beneficiaries with neuromusculoskeletal pathologies. This includes first time evaluations, diagnosis and treatment, as well as preoperative and postoperative rehabilitation. Consistent with the American Physical Therapy Association Guide to Physical Therapist Practice, physical therapists provide services to clients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes. Physical Therapists interact and practice in collaboration with a variety of other professionals and provide prevention and wellness services, including screening and health promotion. All services are in support of the overall health center mission.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Hours of operation are from 0700 to 1600 Monday, Tuesday, Wednesday and Friday 0700-1200 Thursday, excluding holidays and weekends.

17 February 2005

ENTRY TO CARE, TREATMENT AND SERVICES: The Physical Therapy Service will accept referrals for patient evaluation and treatment from health care practitioners officially credentialed to practice their specialty in health care facilities operated by agencies of the United States Government. A physical therapist will provide an initial evaluation and assessment of the patient prior to providing services. A physical therapy specialist may initiate treatment on a patient referred from orthopedics or other board certified physician as approved by the physical therapist. For such circumstances, the exact treatment by the orthopedist or other physician must be documented on the consult. The physical therapist is privileged to consult other specialty services and order durable medical equipment as patient care needs warrant. The therapist determines, develops and supervises treatment plans and goals in accordance with the diagnosis and prognosis to prevent or reduce disability or pain and restore lost function. Plans and goals are discussed with the patient to ensure their ability to comply with plans and agree on the goal.

COMPLEXITY OF PATIENT CARE NEEDS: All patients are entitled to care in the following areas: all orthopedics to include rehabilitation of total joints, surgical reconstructions, arthroscopic procedures, amputees or non-orthopedic surgeries requiring rehabilitation to restore normal function, and non-surgical neuromusculoskeletal injuries and conditions to include both acute and chronic conditions.

AGE-SPECIFIC CONSIDERATIONS: Beneficiaries ranging from post-adolescent to geriatric age groups can be treated. The Chief of Orthopedics and Chief of Physical Therapy will make exceptions for treatment of adolescents on a case-by-case basis. All geriatric patients must have a complete assessment by the referring physician before evaluation and treatment are initiated. Treatment will only be initiated when it is determined that the physical therapy clinic can provide the treatment requested. Presently, the physical therapy is staffed to see active duty only. Dependents of active duty, retirees, and dependents of retirees are referred for physical therapy in the civilian community (off-post) this largely includes the adolescent and geriatric population.

SCOPE OF PRACTICE: The practice of Physical Therapy focuses on the rehabilitation of persons disabled by injury, disease,

and/or pain. The profession as a whole is concerned with evaluation, assessment, and treatment of the patient through the use of physical and chemical therapeutic means to maximize a person's functional independence within the constraints of their injury, disease, and/or condition. Additionally, the physical therapist educates and promotes health, fitness, and injury prevention to the general public and interested parties. The following list exemplifies various areas of the specialty, but is neither inclusive nor exclusive. The clinical privileges of individual practitioners are regulated by the Hospital Credentials Committee.

1. Performs patient evaluations utilizing various noninvasive tests and measurements.
2. As part of the patient evaluation process, requests skeletal system radiographic studies, bone scans, CT Scans, and MRI's, and diagnostic ultrasound studies. In addition, as part of the evaluation process, places patients on physical activity profiles not to exceed 30 days and refers patients to specialty clinics, when indicated.
3. Designs and alters therapeutic exercise programs based upon physician referral and/or musculoskeletal evaluations for patient use.
4. Utilizes various physical agents and procedures such as ultrasound, hot and cold packs, electrical stimulation, and cervical and pelvic traction to promote healing and as an adjunct to the performance of therapeutic exercise.
5. Instructs and supervises therapeutic exercise programs designed to restore or improve range-of-motion, strength, and level of function.
6. Provides manual therapy to include joint mobilizations, manipulations, passive stretching, and muscle energy techniques.
7. Provides education programs to patients covering injury prevention and physical fitness.
8. Provides patient assistance in the acquisition and use of assistive devices such as wheelchairs, walkers, braces, crutches, etc.

17 February 2005

9. Measures and fits for custom orthotics or other supportive devices.

10. Prescribes certain medications as indicated for the control of pain and inflammation. These medications include NSAIDs and muscle relaxants.

LIMITS OF CARE: All patients who do not respond to conservative treatment will be referred to an orthopedic surgeon or to the referring physician or health care provider to determine disposition. In those cases where the patient is referred to an orthopedic surgeon, the physical therapist will inform the referring physician or health care provider of the disposition. Patients who may need adjunct care/services in addition to physical therapy may be referred for such care/services by the physical therapist. For such circumstances, the referring health care provider will be notified by the physical therapist. Requests for post-operative hand rehabilitation will be reviewed by the Chief, Physical Therapy and may be referred to Occupational Therapy if the Physical Therapy Service cannot meet the patient's needs. Acute and long term neurological rehabilitation and pediatric rehabilitation (neurological-Cerebral palsy, spina bifida, Down's Syndrome, etc.) are not available here and will be referred to an off-post network provider.

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process concerning physical therapy treatments, status of condition, and activity progression. Education is achieved through verbal, written and audiovisual means. Two formal patient education programs are available. These include a lower back pain education class and a "runner's" knee class. These are held twice monthly and can be attended by self referral or referral by a health care provider.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The physical therapist is a member of the Department of Specialty Services and is responsible to this department and to the Deputy Commander for Clinical Services for the quality of care provided. It is the responsibility of the Chief, Physical Therapy Service to continually assess the availability and capability of the staff. The Physical Therapy Service presently has assigned one physical therapist, one NCOIC, and one physical

therapy specialist. Currently, the Physical Therapy Service is understaffed to meet the demand of its active duty population. When temporary shortages of personnel occur, the Chief, Physical Therapy Service will coordinate with the Chief, Orthopedic Service to meet the needs. Usually, this will mean sending more active duty patients to civilian physical therapy services, or requesting a backfill for the appropriate shortage, or in some instances cross training other assigned 91W personnel within the Health Center.

Physical Therapy services are provided by a licensed and credentialed physical therapist or support personnel under the therapist's supervision. The Chief, Physical Therapy will determine the level of supervision required based upon the individual's education, training and demonstrated competency. Supervision is defined as:

Direct Supervision: The Physical Therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit.

General Supervision: The physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications.

Physical Therapy Specialists, 91WN9s are technically educated health care providers who assist the physical therapist in the provision of care. The physical therapy specialist, 91WN9 (or civilian equivalent) will be trained in the use of all modality applications and in the use of rehabilitative exercise equipment and may perform the following:

Baseline examination and documentation of measurements. Examinations will be performed and recorded as directed by the Physical Therapist.

Receives treatment prescriptions and treatment instructions from the physical therapist or referring physician.

Monitors patient vital signs and physiological effects of treatment and reports indications for change of treatment to the referring or supervising physician.

Monitors patient vital signs and physiological effects of treatment and reports adverse findings to the supervising physical therapist, and performs any necessary emergency procedures.

Plans and conducts appropriate patient education programs under the direction of the supervising Physical Therapist.

Medical Specialists, 91W, who do not have the physical therapy specialist designation, but are assisting the Physical Therapy service will be trained in the application of all modalities. The medical specialist working in this capacity will administer treatment ONLY under the direct supervision of a therapist or specialist who has been awarded the N9 designation.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:

New Referrals: In general, the PCM will be notified via CHCS mail system of new patients failing to make their scheduled appointments in physical therapy. Acute post-op patients who miss their initial appointment to begin therapy will be contacted by the physical therapy staff in order to reschedule the appointment. The surgeon will also be notified. If the patient cannot be notified then the patient's chain of command will be notified.

Follow-up appointments: Patient's who miss follow-up appointments will be handled on a case-by-case basis. Generally, those patients who miss follow-up appointments pending imaging or other test results and post-op patients early in their rehab program will be notified (or their chain of command notified) by the physical therapy staff. All others will be discharged from physical therapy citing noncompliance and will be directed to see their PCM for further disposition.

On going treatments: Generally, patients who miss two consecutive treatment appointments will be discharged from physical therapy for noncompliance. Exceptions will be made based on extenuating circumstances, and the chain of command of the soldier missing the appointment may be notified at the discretion of the C, Physical Therapy in order to remedy the situation that is preventing compliance with the rehabilitation plan.

GENERAL SURGERY SERVICE

MISSION: The General Surgery Services (GSS) will provide surgical services to all eligible beneficiaries in the outpatient setting.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: Hours of operation are from 0730 to 1630 Monday through Friday excluding holidays and weekends.

ENTRY TO CARE, TREATMENT AND SERVICES: The General Surgery Clinic is a referral only clinic. Patients access the clinic through provider referrals.

COMPLEXITY OF PATIENT CARE NEEDS: All surgical cases can be evaluated. If the complexity is beyond the scope of the resources, a referral for subspecialty care will be provided.

AGE-SPECIFIC CONSIDERATIONS: Beneficiaries ranging from pediatrics to geriatric age groups can be treated. Patients at the extreme of the age range (i.e. <10 years old, >70 years old) can be treated after a detailed assessment of their condition determines that we have the resources and capabilities to meet their needs.

SCOPE OF PRACTICE:

The General Surgery Service performs diagnostic evaluations of patients suspected of having: skin, soft tissue, bone, and cartilage masses and lesions; salivary gland tumors; head and neck tumors; breast disease/tumors; gastrointestinal tract abnormalities, esophagus to anus, to include hepatic, pancreatic, biliary, splenic, and functional(dyskinetic) disorders; vascular disease, arterial and venous; genitourinary disease, to include stones and tumors, endocrine abnormalities and tumors; and selected ENT and thoracic disease

A list of approved procedures is defined in the document Approved Surgical Procedures

LIMITS OF CARE: Limitations are those imposed by limited resources in operative and postoperative care. The non-

availability of inpatient services precludes elective surgery that requires postoperative inpatient services or a high probability of requiring such services: i.e., major thoracic surgery, liver resection, pancreatic resection, vascular procedures and arterial surgery, etc. Any patient who requires surgical intervention that has a high probability of requiring inpatient services will be referred to another medical facility with such services. In those situations where a patient unexpectedly develops a need for inpatient services, the attending physician will transfer the patient to the medical treatment facility with the necessary services. These conditions include, but are not limited to, mechanical ventilation, invasion monitoring (Swan Ganz catheter, arterial lines), sepsis, cardiac failure secondary to arrhythmia/infarction etc., respiratory failure, pain control, self-limiting nausea/vomiting, etc., or as otherwise determined by the attending physician.

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process. The patient will understand the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The GSS has one full-time, board certified/eligible general surgeon. Available resources include part time civilian providers in the community. The GSS will follow the guidelines provided by the American College of Surgeons, the American Board of Surgeons, JACHO, the Arizona Board of Medical Examiners, and the MEDCOM (Provisional).

Nursing Support: Using the functional nursing model provides nursing support to accomplish this mission. The Head Nurse/NCOIC will make assignments. Assignments will reflect the degree of supervision needed by the individual and its availability, the patient's needs, and the technology used, and the geography of the unit. Assignments are made on a daily basis. Staff is rotated to the various tasks on a weekly basis. Assigned Nursing Staff: 1-RN; 1-LPN; 4-91B. Minimal Nursing Staff: 1-RN; 2-LPN; 4-91B. Staffing patterns are based on patient volume, number of care providers, procedures performed, and historical data. The HN/NCOIC of the clinic will ensure if available personnel work within their scope and training: Nursing personnel perform/assist with; but are not limited to the following procedures: Minor surgery; biopsies under local

anesthesia; IV therapy; wound care; suture removal; pre and post operative examinations; endoscopies; PO, IM, IV medications; patient screening; and patient education.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: At the end of each clinic day, the charts for missed appointments will be reviewed by the physician. Patients whose care will be compromised by a delay in treatment will be contacted and their chain of command will be notified.

GYNECOLOGY CLINIC

MISSION: The Gynecology Services at this facility are staffed by a contracted board-certified gynecologist and provides limited ambulatory gynecologic care.

LOCATION: Raymond W. Bliss Health Center 2240 East Winrow Avenue, Fort Huachuca, Arizona.

HOURS OF OPERATION: 0800-1130 Mondays only.

ENTRY TO CARE, TREATMENT AND SERVICES: The GYN Clinic is a referral only clinic. Patients access the clinic through provider referrals. Their PCM physician will do well women exams and only problems will be seen in the GYN Clinic. Self-referral appointments not filled within 48 hours are filled through the central appointment system with women on the Pap waiting list.

COMPLEXITY OF PATIENT CARE NEEDS: The scope and complexity of patient's seen by the PCM, range from wellness education to diagnostic procedures for evaluation. Problematic patients are usually evaluated by the PCM and referred to the (RS) physician. A Board-Certified Family Physician is always available to answer questions and assist in the disposition of patients. The (RS) physician evaluates surgical cases and more complex GYN patients that are non-emergent during this weekly visit.

AGE-SPECIFIC CONSIDERATIONS: There are no limitations as to the age of patients cared for; however, patients under the age of 16 years old will need parental consent to be seen.

17 February 2005

SCOPE OF PRACTICE: The clinic is staffed with a (RS) physician who performs GYN procedures such as Norplant/IUD insertions/removals, colposcopy, cryoposcopy, cervical biopsies, etc. The (RS) physician is available one afternoon each week to see those patients that are beyond the scope of practice for the PCM.

LIMITS OF CARE: This facility is unable to provide infertility evaluation and obstetrical care. Patients requiring this type of evaluation are referred to civilian providers locally. Patients requiring multi-gynecologic management or complex interventional therapies are also referred to other centers.

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process. The patient will understand the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: A (RS) physician-a Board Certified Obstetrician/Gynecologist provides 4 hours each week seeing patients that are too complex for the PCM. For clinical support staffing considerations, refer to the staffing of the general surgery clinic, as the gynecology clinic uses the same work space.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: At the end of each clinic day, the charts for missed appointments will be reviewed by the physician. Patients whose care will be compromised by a delay in treatment will be contacted and their chain of command will be notified.

OPTOMETRY SERVICE

MISSION: Optometric Services provides comprehensive eye exams to active duty soldiers and DOD civilians with referral from occupational health. Standard Exams include refraction, ocular health assessment and eyewear procurement. Optometric Services also performs the ocular portions of various military physicals. Treatment for ocular disease and trauma is available within optometry's scope of care. Limited contact lens services are available in support of the Army Aviator Contact Lens Program

and medical contact lens fits for keratoconic patients. Optometric services also provide dilated fundus exams for retirees and active duty dependents diagnoses with diabetes.

LOCATION: Optometric services are located in the Ambulatory Care Clinic building 45006 at Raymond W. Bliss Health Center, Fort Huachuca, AZ.

HOURS OF OPERATION: Hours of operation are form 0700 to 1600 Monday, Tuesday, Wednesday and Friday, 0700-1200 Thursday, excluding weekends and holidays.

ENTRY TO CARE, TREATMENT AND SERVICES: Access to optometric services is through appointments only. Referrals are not necessary for routine appointments. Consults are taken from other providers with respect to disease and trauma.

COMPLEXITY OF PATIENT CARE NEEDS: All optometric conditions can be evaluated. If the complexity is beyond the scope of the resources, a referral for specialty care will be provided.

AGE-SPECIFIC CONSIDERATIONS: The age of the patients evaluated by optometric services is from 6 years old to geriatric patients.

SCOPE OF PRACTICE: The scope of care for the optometric clinic includes routine eye exams with dilation as appropriate, treatment of ocular disease and trauma within the optometry scope of care. Patients with conditions outside of the optometry scope of care are referred to the appropriate military or civilian treatment facility. Treatment is available for glaucoma and keratoconus. The clinic is equipped with visual field analyzers, corneal topographer, and various ocular cameras. In addition testing is available for determination of color vision and depth perception ability.

LIMITS OF CARE: If the scope and complexity of the patient's needs requires hospitalization or is beyond the limitation of the service, arrangements will be made for the patient to be evaluated by the appropriate ophthalmic subspecialty; i.e., retina specialist, cornea specialist or other subspecialty.

17 February 2005

PATIENT AND FAMILY EDUCATION: Patient and, where applicable, family education is an ongoing process. The patient will understand the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: One military optometrist, two military eye technicians and one civilian receptionist staff optometric services. The optometrist is responsible for performing eye exams and diagnosis and treatment of ocular disease and trauma. The optometrist will also perform the duties of clinic OIC. Eye technicians will perform supporting activities. These will include visual field testing, intraocular pressure testing, corneal topography, ocular photography, fitting, ordering and dispensing of eyewear, performing the ocular portion of military physicals and other duties as assigned. The senior eye tech will also perform the duties for clinic NCOIC. No eye surgery capability, including minor procedures, exists at this clinic.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: at the end of each clinic day, the charts for missed appointments will be reviewed by the optometrist. Patients whose care will be compromised by a delay in treatment will be contacted and their chain of command will be notified.

INTERNAL MEDICINE SERVICE (IMC)

MISSION: The mission of the IMC is to provide high quality, cost effective care to outpatient beneficiaries with serious or complex diseases referred by a primary care provider. The IMC sees approximately 300 patients per month.

LOCATION: The IMC is located at Raymond W. Bliss Health Center 2240 East Winrow Avenue Ft Huachuca, Arizona.

HOURS OF OPERATION: 0730 to 1615 hours Monday, Tuesday, Wednesday, and Friday, Thursday 0730-1200, excluding weekends, holidays and training holidays.

ENTRY TO CARE, TREATMENT, AND SERVICES: Patients are empanelled to specific Primary Care Managers (PCM) and accommodated by

referral from their PCM only. A PCM is available for consultation and/or referral 24 hours per day by calling 533-2433.

COMPLEXITY OF PATIENT CARE NEEDS: Outpatient care is furnished to patients with multiple and complex medical disorders. Those patients requiring services beyond the capability of the Health Center, e.g. in-patient care, dialysis, ventilator care, are referred to appropriate network providers.

AGE-SPECIFIC CONSIDERATIONS: The internist provides care to individuals 17 years of age through geriatric who require their specialty care. As an exception, children under the age of 17 may be seen and evaluated for a specific need upon referral by a pediatrician or primary health care provider. EKGs are performed for individuals throughout the life span, from newborn to geriatric.

SCOPE OF PRACTICE: The internist provides care to beneficiaries with acute, chronic and/or complex medical disorders. Most frequent diagnoses of patients receiving care includes hypertension, diabetes, asthma, COPD, pneumonia, dyslipidemia, renal failure, thyroid disease, congestive heart failure, myocardial infarction, cancer, and deep vein thrombosis. Procedures performed by the internist in the IMC are consistent with individual credentialed privileges and are delineated. The internist is available at all times for consultation and to respond to emergencies. When the internist is absent or on leave, requests for internal medicine services are referred to the internists at Sierra Vista Regional Medical Center.

LIMITS OF CARE: Patients who will not be cared for in the IMC are those for whom definitive care cannot be provided at RWBAHC. Such patients include those who require intensive care, long-term ventilator care, long term dialysis care, and radiation therapy. These patients are transferred to a higher-level treatment facility as appropriate based upon availability of resources and urgency of need, and in accordance with the Health center policy. Other specialty services are consulted as needed for diagnostic and therapeutic services, such as echocardiograms and Doppler studies.

PATIENT AND FAMILY EDUCATION: Patients and their families are educated by the physician during their interview with him; by

17 February 2005

the clinic personnel at the time of screening; by referral to formal education classes, e.g. dietary; and by referral to the Health Education Resource Center.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Assigned personnel in the IMC: 1-Internist; 1 - NCOIC, 91B or 91C; 1 - 91B Medical Specialist; 1 - Medical Clerk. The Clinic Chief is responsible for the overall operation of the clinic, providing both clinical and medical administrative direction. Functions include establishing the scope of patient care and services based upon the health care needs of the population served, evaluating and supervising the care rendered by providers, and ensuring that high quality care is provided. The NCOIC provides administrative direction and is responsible for ensuring that appropriate patient care support activities are provided by qualified personnel.

Clinic personnel provide care to any patient being seen by an IMC provider. Procedures that may be done by clinic personnel are consistent with their individual competence, and include 5-day BP checks, chaperoning, assisting with treatments and procedures, providing basic life support. Care rendered is documented on the SF 600. Staffing patterns are established based on patient volume, number of providers, procedures performed and historical data. When patient care needs exceed the capability of available staffing, support will be provided by the Department of Nursing. Augmented staff will perform within their scope of practice and training.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: High-risk patients who miss appointments are contacted by the clerk and another appointment scheduled. High-risk patients are defined as those whose condition has recently deteriorated, and those with multiple diseases. Patients who are not deemed to be high-risk are not contacted.

APPENDIX E

BEHAVIORAL HEALTH SERVICES

MISSION: The mission of the *Behavioral Health Service* (BHS) is to provide quality outpatient mental health, social services, and substance abuse services to the community served by the U.S. Army Medical Department Activity, Fort Huachuca. The BHS consists of the Community Mental Health Service (CMHS); the Family Advocacy Program (FAP); and the Army Substance Abuse Program (ASAP). The principal focus and mission of BHS is to serve active duty personnel. Care to the retired military and family member population is generally provided on a space-available basis. The mission of the *Family Advocacy Program* (FAP) is to serve active duty service members and their families who are involved with, at risk for, or the victims of domestic violence and/or child abuse. The mission of the *Army Substance Abuse Program* (ASAP) is to identify, evaluate and treat individuals suffering from the debilitating effects of substance abuse.

LOCATION: The Mental Health and Social Work Service/FAP sections of BHS are collocated together on the second floor, RWBAHC. The ASAP is located in a separate building 22414 near the military police station.

HOURS OF OPERATION: Normal duty hours, are from 0730 to 1630 on weekdays. The clinic provides after-hours care for mental health crises through a contract with the Southeastern Arizona Behavioral Health Service (SEABHS) working out of Sierra Vista Regional Health Center (SVRHC).

ENTRY TO CARE, TREATMENT, AND SERVICES: Access to care for the mental health section of BHS are through self-referrals, medical consults, and/or mandatory command referrals. Regarding the Family Advocacy Program, patients may receive care through self-referrals, law enforcement referrals, child/adult protective services referrals or other community agencies. The Substance Abuse Program may be accessed through self-referrals, command referrals, law enforcement and medical referrals.

COMPLEXITY OF PATIENT CARE NEEDS: The mental health section provides services to patients with a wide range of mental health needs from routine stress reactions to complex personality disorders and psychotic disorders. The most severe conditions

17 February 2005

such as psychotic disorders may be initially assessed but not treated on an outpatient basis. For these cases, the patient will be transferred to inpatient care or intensive outpatient through civilian medical facilities. Certain personality disorders when diagnosed as a condition of an active duty member may result in an administrative separation and the patient would be referred to the VA for follow-up care upon discharge from the service. Regarding the FAP section of BHS, patient needs range from routine marital disagreements to severe child sexual abuse cases. FAP has the resources to provide care for complex cases in conjunction with community agencies. The ASAP consist of patient needs that range from patients who have experienced isolated episodes of intoxication to patients who meet the criteria for alcohol dependence. For patients who are alcohol dependent, the staff can provide individual and group counseling however, if inpatient care is indicated, the patients are referred to the VA or other available inpatient substance abuse treatment programs.

AGE-SPECIFIC CONSIDERATIONS: Collectively, the BHS staff provides services for children and adults from ages 3 to 65.

SCOPE OF PRACTICE: Treatment services consist of individual, family, and group counseling and psycho-educational groups. Credentialed staff also function as mental health consultants to the Commander and medical staff of R.W. Bliss Army Health Center, as well as to the commanders of Fort Huachuca units. To accomplish this, BHS provides comprehensive mental health evaluations including mental status assessments and psychological testing for active duty personnel at Fort Huachuca. These assessments support favorable and unfavorable action in accordance with Army Regulations. The Family Advocacy Program (FAP) is designed to provide services to soldiers and family members involved in incidents of family violence and serves a preventive role through counseling individuals or families identified as "at-risk" for domestic violence. In addition, the FAP provides outreach and consultation services on the identification and treatment of victims of abuse to Ft. Huachuca agencies and community agencies serving military families. The Army Substance Abuse Program (ASAP) provides a broad range of counseling services for active duty personnel, family members, civilian employees, retirees, and contract employees in the areas of substance abuse prevention, treatment, and rehabilitation. The Army Substance Abuse Program (ASAP) has

a "split" TDA between MEDDAC and Garrison, which work conjointly to provide appropriate services. The MEDDAC staff provides the counseling services whereas the Garrison conducts the education and urinalysis program. The MEDDAC TDA consists of one masters level Social Worker, who serves as the Clinical Director; and two master level (certified) substance abuse counselors and one civil service medical clerk.

LIMITS OF CARE: Services to civilian personnel depend on availability of resources. Complex cases of substance abuse and patients requiring inpatient assessment and treatment are referred to higher levels of care. This occurs when the patient has intense and severe substance abuse problems, is psychotic, and/or is at great risk of harming him/herself or others; and sufficient means are not available to satisfy the requirements of a safe environment. Active duty personnel are referred to the Southern Arizona Veterans Administration Healthcare System (VA), Tucson, AZ; William Beaumont Army Medical Center (WBAMC), Fort Bliss, TX; and other specialized treatment facilities as needed. Eligible family members and retirees requiring hospitalization are referred to approved providers of inpatient psychiatric care as needed.

PATIENT AND FAMILY EDUCATION: BHS maintains current age appropriate patient information such as pamphlets, magazines, videos, charts regarding psychotropic medications, mental health disorders, domestic violence prevention and awareness, substance abuse prevention and awareness. Staff members are available during counseling or by phone to answer questions and clarify the treatment plan and specific concerns about the patient's condition. In addition, BHS routinely conducts educational classes for patients, families and staff in the areas of stress, anger management, effective parenting, and suicide prevention. In addition, BHS works closely with Ft Huachuca Army Community Services (ACS) and will refer patients for additional support through ACS educational programs such as parenting, and child abuse prevention workshops.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Currently the community mental health section of BHS consists of one licensed military psychiatrist (60W) who serves as Chief; BHS; one military clinical PhD psychologist (73B), who serves as the Chief, CMHS; six mental health specialists (91-X). The RSP has two part-time civilian psychiatrists two full-time

17 February 2005

psychologists; one psychiatric nurse practitioner; and one Social Worker. The clerical staff consist of one civilian secretary and one medical clerk. The Social Work Service/FAP staff consists of one military masters-level social worker (73A), who serves as the Chief of Social Work Service; one GS 12 civilian FAP Supervisory Social Worker; two GS 11 clinical Social Workers; two MEDCOM contract Social Workers; one GS 09 FAP Outreach Coordinator and one GS 05 FAP Secretary. All BHS military officers, civilian psychiatrists, and civil service and resource sharing psychologists and social workers are Level 2 or above credentialed providers. The 91Xs are enlisted staff who have been specially trained within the military system to provide adjunct mental health services. Each 91X is under the supervision of a credentialed provider. These staff members are available during normal duty hours. The Garrison TDA consists of one GS 12 civilian who serves as the Alcohol and Drug Control Officer (ADCO); one civilian biochemical tests coordinator, one civilian prevention education coordinator, one risk reduction coordinator, one civil service secretary, one enlisted administrative assistant (71L) and four Mental Health Technicians (91X) who perform as substance abuse counselors/educators (under supervision of the Clinical Director).

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: All patients are called as soon as the appointment is missed. High Risk patients who are active duty and referred by the commander will be notified through the chain of command.

APPENDIX F
ANCILLARY SERVICES

PHARMACY SERVICE

MISSION: To provide quality pharmaceutical service in a caring and concerned atmosphere to eligible beneficiaries. RWBAHC Pharmacy Service consists of the main pharmacy, PX satellite pharmacy, and pharmacy sterile products laboratory.

LOCATION & HOURS OF OPERATION:

Main Pharmacy 2240 East Winrow Ave, Ft Huachuca, AZ: Monday-Wednesday & Friday 0730-1700, Thurs 0800-1700

PX Pharmacy at the main PX: Monday-Friday 1000-1600

Sterile Products: On demand

All pharmacies are closed Saturday, Sunday, Federal Holidays. Training Holidays, 1000-1330

ENTRY TO CARE, TREATMENT, AND SERVICES: All patients who are eligible for care in DEERS are serviced. They need to first be entered into the RWBAHC computer so they can be accessed via CHCS. They are then able to receive medication from the pharmacy. Patients also have access to Over-the-Counter Medications by attending the PPIP class allowing them to sign for up to 4 OTC items per family per week. Pharmacy services are also available remotely at the Ray, Military Medicine Clinic, and Weekend/Holiday Access Clinic.

COMPLEXITY OF PATIENT CARE NEEDS: The RWBAHC Pharmacy provides a wide variety of services, including sterile products, narcotics, oral, nasal, rectal, vaginal, injectable, and topical preparations. Compounded medications are manufactured if all items needed to complete the formulation are on the formulary. Patients receive written and verbal instructions for use from a pharmacist when they are picking up their new medications.

AGE-SPECIFIC CONSIDERATIONS: The pharmacy cares for all age groups that are cared for at this facility.

SCOPE OF PRACTICE: The pharmacy service fills over 275,000 outpatient prescriptions per year for and classes of

17 February 2005

beneficiaries from a myriad of medical subspecialties. IV admixtures, are prepared and delivered to the clinics upon request. We have not been involved in any type of investigational drug programs to this point; however, there is a mechanism in place should the need arise.

LIMITS OF CARE: The pharmacy service operates at a level constant with the needs of the patients maintained by the medical staff of this MTF. This ability is supported by the use of a closed formulary system, which is regulated by the Pharmacy and Therapeutics Committee. Provisions are in place, which allow for the use of non-formulary items if a legitimate need can be demonstrated and if the patient's requirements are within the scope of care dealt with by this MTF. Patients with needs falling outside the scope of care of the MTF are referred to higher level MTFs. The pharmacy refers patients to the Tricare retail network or to the Tricare Mail Order Pharmacy service for medications not stocked on the RWBAHC formulary.

PATIENT AND FAMILY EDUCATION: Lexmark Printers print patient information for all new prescriptions.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The pharmacy is staffed by: 6 and 4/5 registered pharmacists, 8 civilian technicians, and 4 military technicians. The above staff includes the Chief, the NCOIC, and a Pharm D, The level of experience averages over 20 years per pharmacist, with 2 having over 30 years. The service has 3 outlets to serve patients: a main pharmacy in lobby of RWBAHC, a refill pharmacy at the PX and a sterile products laboratory in the basement of RWBAHC.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: When medications are not pick-up by the patient within 7 working days or more, the prescription is deemed "non-compliant", entered as such in to the computer via CHCS and the prescribing medical staff member is notified that the prescription was not picked up by the patient. The provider or the pharmacy may contact the patient, to ensure the medication protocol is followed.

RADIOLOGY SERVICE

MISSION: The mission of the Department of Radiology is to provide appropriate diagnostic imaging services to eligible

beneficiaries in our catchment area and active duty service personnel assigned to Fort Huachuca, AZ.

LOCATION: Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, Arizona, room K-15.

HOURS OF OPERATION: Our routine hours of operation are Monday through Friday, from 0700 to 1630 with an on-call technologist from 1630- 1800 on weekdays and 1000-1400 on weekends.

ENTRY TO CARE, TREATMENT, AND SERVICES: Walk-ins or appointments are accepted. Appointments can be scheduled by calling 533-2555.

COMPLEXITY OF PATIENT CARE NEEDS: This section provides imaging services as directed by the acute care needs of the outpatient population. More sophisticated imaging is referred out of this facility.

AGE-SPECIFIC CONSIDERATIONS: There are no limitations as to the age or type of patient cared for at the facility. Patients requiring more sophisticated imaging technology such as Magnetic Resonance Imaging, Computed Tomography, Angiography, and Nuclear Medicine procedures are referred out of this facility, as these services are not available.

SCOPE OF PRACTICE: Our facility presently performs routine radiographic examinations, tomographic examinations, fluoroscopic examinations, percutaneous needle biopsies, and ultrasound examinations including doppler exams. Other procedures include arthrograms, mammography, and needle localization requiring sonographic or mammographic guidance.

LIMITS OF CARE: Our facility does not provide Nuclear Medicine, Angiography, Computed Tomography, or Magnetic Resonance Imaging procedures. The appropriateness of outside imaging requests and the quality of the outside imaging studies, including their interpretations, are reviewed by our contract radiologist.

PATIENT AND FAMILY EDUCATION: Whether the patient comes in for an X-ray, fluoroscopy, intravenous pyelogram, mammography or ultrasound, the radiology staff maintains continuous communication with the patient throughout the procedure and is educated on how to take care of themselves at the conclusion of the procedure.

17 February 2005

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Our current staff consists of: 1 Radiologist; 1 NCOIC; 3 Civilian x-ray technologists and 3 military x-ray technologists.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Mammography patients that miss their scheduled appointments or are considered high risk patients and miss their scheduled mammogram appointment are contacted by the mammography tech or the medical clerk to reschedule the appointment. If a patient has missed two scheduled exams, the referral is sent back to the referring physician for re-evaluation of patient and urgency of exam. Ultrasound and fluoroscopy patients that miss an exam are required to return to the Department of Radiology to receive new preparation instructions and kit if necessary. They will be rescheduled at that time. If a patient misses two scheduled appointments, the referral is sent back to the referring physician for re-evaluation. Fluoroscopy is not performed on high risk patients. These patients are sent to an outside facility. Ultrasound patients that are considered high risk are normally obstetrical patients with a history of OB problems. These exams are scheduled normally and if the patient misses their exam, the referring physician will be made aware by CHCS on the patients next scheduled OB visit.

LABORATORY SERVICE

MISSION: The mission of the Department of Pathology is to provide appropriate clinical and anatomic pathology services to eligible beneficiaries in our catchment area.

LOCATION: Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, Arizona, L-1.

HOURS OF OPERATION: Our routine hours of operation are Monday through Friday, from 0700 to 1630 with an on-call technician in the evenings and on weekends.

ENTRY TO CARE, TREATMENT, AND SERVICES: Walk-ins or appointments are accepted. Appointments can be scheduled by calling 533-2918.

COMPLEXITY OF PATIENT CARE NEEDS: There are no limitations as to the complexity of patient care needs for laboratory services

AGE-SPECIFIC CONSIDERATIONS: There are no limitations as to the age patients for laboratory services (EX: newborn through geriatric patients).

SCOPE OF PRACTICE: This department provides pathology services as directed by the care needs of the outpatient population. We provide basic chemistry, urinalysis, hematology, microbiology, and serology testing. All anatomic pathology and many clinical pathology tests are sent to military and contracted civilian reference laboratories. SPECIFICS ARE DETAILED IN THE STANDARD OPERATING PROCEDURES MAINTAINED IN THE DEPARTMENT.

LIMITS OF CARE: This department performs no anatomic pathology tests in-house. All anatomic pathology tests are sent to our military reference laboratory. A list of all laboratory tests performed in-house can be found in the Raymond W. Bliss Army Health Center Laboratory Handbook and on our RWBAHC webpage. Blood Banking services are not provided at this facility. Any patient requiring blood bank services (transfusions, etc.) must be transferred to a higher-level treatment facility.

PATIENT AND FAMILY EDUCATION: The phlebotomist and front staff maintains continuous communication with the patient throughout the phlebotomy (blood-drawing) procedure and is educated on how to take care of themselves once the procedure is completed.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Our current staff consists of: 1 Chief, Ancillary Services; 1 Assistant Chief, Ancillary Services; 3 Civilian Medical Technologists; 1 NCOIC, 8 Military Medical Laboratory Technicians; 1 Ancillary Services Secretary; 1 Medical Records Technician; 1 Receptionist; 1 Phlebotomist; and 1 Laboratory Shipping Clerk.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: See Memo 40-138 Abnormal Results Follow-up

APPENDIX G
PREVENTIVE MEDICINE WELLNESS AND READINESS

COMMUNITY HEALTH NURSING

MISSION: Building Strong and Ready Families. Community Health Nursing provides community based preventive health care to soldiers and the Ft. Huachuca community in support of mission readiness. The overall objective is to prevent or minimize the spread and effects of communicable diseases. Some areas that are included are Surveillance and Disease Prevention, Self care/Prevention into Practice, Child Youth Services, Wellness, and Health Promotion, influenza immunization programs, and coordination with local Public Health Department.

LOCATION: RWBAHC Health Center, 2240 East Winrow Ave Ft Huachuca AZ.

HOURS OF OPERATION: The routine hours of operation are from 0730 to 1630 Monday to Friday

ENTRY TO CARE, TREATMENT AND SERVICES: Beneficiaries are seen by appointment or on a walk in basis.

COMPLEXITY OF PATIENT CARE NEEDS: Complexity of patients seen in CHN is minimal. Primary focus is on community disease prevention and surveillance, health promotion and education to non-acute patients.

AGE-SPECIFIC CONSIDERATIONS: Age specific patients range from infants in the childcare setting to geriatric health care beneficiaries in the clinic and community settings.

SCOPE OF PRACTICE: Based on the community health assessment and working under protocols or supervision of RN, the CHN provides an initial evaluation and assessment of each patient. Referrals are sent by PCM or by self-referral for services provided by CHN. The CHN staff evaluates the level of knowledge to learning, conduct education, provide information, conduct contact interviews, and provide individual and group classes in the clinic or community setting.

LIMITS OF CARE: This section provides services to non-acute patients. Provides referrals to PCM, C. Internal Medicine, and other agencies i.e. State and County Health Departments.

PATIENT AND FAMILY EDUCATION: The Nursing staff educates patients and their families by means of individual counseling or educational classes dependent upon the needs of the patient.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Two Licensed Practical Nurses working under the guidance of one Registered Nurse provide community health nursing, as outlined in the program document, in support of disease surveillance and reporting, health promotion, and inspections and consultation to Child Youth Services. CHN, as determined by education and continued training provides care under the leadership of Chief, Preventive Medicine Wellness and Readiness Service and Chief, Internal Medicine. Services are provided at RWBAHC located in and around the FT. Huachuca community.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: Patients are contacted by telephone, computer messages by the CHN and in some cases, referred to the Community Health Nurse at the next duty station if they have left the area or referred to the County Health Department if not a Health Care Beneficiary of RWBAHC.

HEALTH EDUCATION RESOURCE CENTER

MISSION: To provide technical and scientific references and resources for the professional and ancillary health center staff, as well as information geared for non-medical patrons of the Health Education Resource Center (HERC). Also to promote good health and wellness by providing the latest in health information through a variety of health promotion activities and programs such as monthly health observances, coordination of a childhood obesity program, monthly health newsletter, and marketing and coordinating various educational services.

LOCATION: RWBAHC Health Center, 2240 East

HOURS OF OPERATION: 0730 - 1630, Monday through Friday, excluding Federal and Training Holidays

ENTRY TO CARE, TREATMENT AND SERVICES: Provide current and authoritative health and medical information to patients.

COMPLEXITY OF PATIENT CARE NEEDS: The potential of addressing a

17 February 2005

variety of patient care needs exists. The type of health information provided correlates with the various types of services and care offered in the health facility.

AGE-SPECIFIC CONSIDERATIONS: Programs and services have the potential to reach any age group.

SCOPE OF PRACTICE: Several tools are used to assess the educational and health information needs of the patients and healthcare staff. The top diagnoses are closely monitored for relevant health topic information for patients in various clinics throughout the health facility. Subject matter experts are consulted for input and advice on medical texts and journals for the library. Patient and staff needs assessments are being developed. Brooke Army Medical Library staff advises on the procurement and processing of library material as well as the MEDCOM Librarian. Many new services are being implemented in the HERC. We have just begun to use DOCLINE, an Interlibrary Loan computer program. We are installing Voyager by Endeavor, an automated library computer program that will place our card catalog online and give our patrons access to all other libraries in the Great Plains Regional Medical Command. We have purchased more than \$15,000.00 in medical texts for the library in the FY 2003. In the future, the center will complete the installation of Voyager and develop and execute a marketing plan for the library and improved services, such as online access to the library catalog, email requests for Interlibrary loans for out health staff, creating a profile for each staff member on Voyager, and access to online databases and full text journals. Training for staff on how to use different library programs, such as Voyager, DOCLINE, and other various health databases will be offered. Our hardcopy journals will be revised and updated according to the needs of our staff.

LIMITS OF CARE: The Health Education Resource Center disseminates credible and authoritative health and scientific information and does not provide clinical advice or directives to patients.

PATIENT AND FAMILY EDUCATION: The Health Education Resource Center plays an integral role in patient and family education by advising clinics and staff on appropriate and credible health education material to be used throughout the health facility.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: One Technical Information Specialist is available on a full time basis.

OCCUPATIONAL HEALTH

MISSION: To prevent injury and illness due to work exposure; to maximize readiness and improve quality of life; to assure that all eligible personnel (military and civilian) are physically, mentally, and psychologically suited to their work at the time of their assignment.

Physical and mental health is monitored periodically, per mandated regulations, to detect early deviations from the optimum. Occupational Health also inspects and evaluates various work environments for the early detection of real and potential hazards. This includes field operations as well as the industrial workplace. Other elements of the Occupational Health Program are job related medical surveillance, employee education of job related health hazards, illness absence monitoring, hearing and vision conservation, the coordination of job related immunizations, reproductive surveillance, administrative medical examinations, coordination of the treatment of job related illness and injury, chronic disease surveillance and epidemiological investigations of occupational illness and injury.

LOCATION: The clinic is located in building 45006 adjacent to RWBAHC.

HOURS OF OPERATION: Our routine hours are from 0730-1600 Monday to Friday.

ENTRY TO CARE, TREATMENT AND SERVICES: Referrals made to patient's PCM at RWBAHC or private PCM for evaluation of medical needs.

COMPLEXITY OF PATIENT CARE NEEDS: The scope and complexity of patients seen by Occupational Health include wellness education, prevention and treatment of injury and illness due to work exposure, comprehensive medical and work histories, along with physical exams for employment and pre-deployment. Other critical elements include hearing and vision conservation, coordination of administrative examinations, chronic disease

17 February 2005

surveillance and epidemiological investigations of occupational illness and injury. Occupational Services are designed to maximize readiness and improve quality of life of military and DOD Civilians.

AGE-SPECIFIC CONSIDERATIONS: patients range from 16 years of age and up for eligible Active Duty, Department of Defense, Department of the Army, and Non-appropriated Fund employees along with Red Cross Volunteers.

SCOPE OF PRACTICE: A registered nurse provides the initial evaluation and assessment of the patient; takes a complete health history, performs required screenings (vision, vital signs, etc.), and, under the direction of a credentialed physician, requests the appropriate diagnostic screenings (blood work, x-rays, EKGs, etc.) required for the employee's potential job exposure. The physician reviews, evaluates and discusses the findings with the client on a follow-up visit. Forward the physician's recommendations to the personnel department for the completion of appropriate actions. Occupational Health also performs Pulmonary Function Testing (Spirometry) to Active Duty Soldiers by written consult from their PCM. A challenge test using Albuterol may be performed at the request of their PCM. A registered nurse certified in Spirometry performs this testing. Emergency protocols are in place in the event complications occur. The PCM is the ordering authority for the Albuterol.

LIMITS OF CARE: This section provides service to non-acute patients. Patients with acute/urgent medical problems are seen by their PCM or in the Sierra Vista Regional Health Center's Emergency Room.

PATIENT AND FAMILY EDUCATION: A registered nurse educates the individual on the potential health hazards in the workplace, required personal protective equipment usage, worker's compensation, and other occupational health services.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Two registered nurses provide Occupational Health Services, a part time licensed and privileged physician performs the various physicals, one certified hearing technician and one medical health clerk.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: High risk patients are generally not seen in

Occupational Health. In the event that lab findings are abnormal, the patient is contacted by telephone. Missed appointments are addressed by contacting either the employee or their supervisor.

INDUSTRIAL HYGIENE

MISSION: The mission of the Industrial Hygiene Section is to anticipate, recognize and evaluate chemical, biological, and physical hazards in the workplace, and recommend measures for their elimination or control.

LOCATION: Industrial Hygiene is located in building 45006 adjacent to RWBAHC.

HOURS OF OPERATION: Routine hours of operation are from 0730 to 1630 Monday through Friday.

ENTRY TO CARE, TREATMENT AND SERVICES: The Industrial Hygiene Section does not treat patients.

COMPLEXITY OF PATIENT CARE NEEDS: N/A

AGE-SPECIFIC CONSIDERATIONS: N/A

SCOPE OF PRACTICE:

Primary services performed include the following actions. Respond to emergencies, complaints, and requests for assistance from supported organizations. Conduct periodic and special surveys of workplaces to identify and evaluate health hazards. Recommend engineering controls, administrative controls, and personal protective equipment to eliminate or manage identified hazards. Maintain a database of health hazards as part of the Army's Occupational Health Information Management System (OMHIS) Health Hazard Information Module (HHIM). Perform routine hazard monitoring in accordance with applicable laws and regulations. Provide occupational safety and health design review for contracts and construction, renovation, and demolition projects. Collaborate with Safety, Occupational Health, and other disciplines to provide comprehensive occupational safety and health support to the Fort Huachuca community.

17 February 2005

Industrial Hygiene services are conducted in accordance with regulatory requirements, consensus standards, and prevailing practice. Standard guidance on Industrial Hygiene operations is found at § 29 CFR 1910 "Occupational Safety and Health Standards for General Industry", § 29 CFR 1926 "Safety and Health Regulations for Construction" and in such references as DA Pamphlet 40-503 "Industrial Hygiene Program", USACHPPM Technical Guide 141 "Industrial Hygiene Sampling Guide", The ACGIH Threshold Limit Values for Chemical Substances and Physical Agents, and The NIOSH Manual of Analytical Methods.

LIMITS OF CARE: N/A

PATIENT AND FAMILY EDUCATION: N/A

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: The Industrial Hygiene Section is staffed by one GS-9 Senior Industrial Hygiene Technician and one GS-7 Industrial Hygiene Technician. The Senior Industrial Hygiene Technician has completed the AMEDD Basic Industrial Hygiene Techniques Course (6H-F11) and the AMEDD Intermediate Industrial Hygiene Topics Course (6H-F10). The Industrial Hygiene Technician has a BS in Biological Sciences and has completed the AMEDD Basic Industrial Hygiene Techniques Course (6H-F11). As of the date of this document, the GS-9 Senior Industrial Hygiene Technician is on deployment with the USAR and is estimated to return to duty within the next two months.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: N/A

NUTRITION SERVICES

MISSION: To assess eligible beneficiaries in all pertinent nutritional areas in order to detect early deviations from the optimum that could result in the manifestation of co morbidities. To promote a consistent message of the benefits of a healthy lifestyle by providing medical nutrition therapy (MNT), nutritional assessments, and nutrition education to military beneficiaries across the lifespan continuum.

LOCATION: The clinic is located in 2240 East Winrow Ave Ft Huachuca, AZ, room K-11, in the Preventive Medicine Department of Raymond W Bliss Army Health Center (RWBAHC).

HOURS OF OPERATION: A registered dietitian will be available from 0730-1630 hours Monday - Friday.

ENTRY TO CARE, TREATMENT AND SERVICES: A health care provider provides an initial evaluation and screen of the patient. If criteria for a nutrition consult are met, the health care provider requests a consult for nutrition counseling in CHCS. The patient is scheduled, through central appointments, for an individual or group counseling session. Once the appointment is made the patient is seen in the nutrition clinic for diagnosis related nutrition counseling.

COMPLEXITY OF PATIENT CARE NEEDS: Includes areas requiring medical nutrition therapy (MNT) (including: renal, DM I/II, hypo/hyperglycemia, HTN, Hyperlipidemia, eating disorders, failure to thrive, etc) and nutrition education (weight loss, healthy eating during pregnancy, supplement use, etc).

AGE-SPECIFIC CONSIDERATIONS: Patients range from infants to geriatrics for all military beneficiaries.

SCOPE OF PRACTICE: The scope of a nutrition assessment includes: nutrition status; effects of medical condition, medications, and supplements on nutrition status; a nutrition care plan, which includes nutrition interventions and long and short-term goals of therapy; monitoring of patient responses to nutrition therapy; implementation of diet recall as appropriate, and recommending nutritional supplements and vitamins as appropriate.

LIMITS OF CARE: Initial appointments being seen 4-6 weeks after consultation requested, due to the limited staff.

PATIENT AND FAMILY EDUCATION: Nutrition assessments include assessments of patient and family education needs. Communication of nutrition care plans and patient progress to other members of the interdisciplinary team with chart note documentation, verbal discussions, and electronic communications.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: One Registered Dietitian (RD) provides nutrition counseling, education, assessments and MNT.

17 February 2005

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS: High-risk patients identified with physician consult are contacted via telephone as soon as possible for one-on-one nutrition counseling. Those patients who miss appointments are identified as a "no-show". The dietitian documents "no-show" status on CHCS generated consult which is returned to the PCM for follow up.